

1. CIR./DIST./DIV. CODE ALM		2. PERSON REPRESENTED Michiles, Carol Ann		VOUCHER NUMBER																																																																																																																																																																																			
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:06-000170-008		5. APPEALS DKT./DEF. NUMBER																																																																																																																																																																																			
7. IN CASE/MATTER OF (Case Name) U.S. v. Michiles		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant																																																																																																																																																																																			
				10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																																																																																																			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE																																																																																																																																																																																							
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS HAMM, DANIEL G. 560 South McDonough Street Suite A MONTGOMERY AL 36104 Telephone Number: (334) 269-0269			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (Specify on additional sheets) _____ Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order _____ 7/26/2006 Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																																																				
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																																																																																							
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